

County Of Los Angeles - Department Of Mental Health CalWORKs Mental Health Supportive Services

FREQUENTLY ASKED QUESTIONS

A. CALWORKS PROGRAM

1. What is the difference between CalWORKs and Welfare-to-Work (WTW) and GAIN?

CalWORKs is a welfare program that assists children and their parents and relative caretakers by providing cash assistance, supportive services, and other benefits. WTW is a program of CalWORKs that is mandatory for adult participants, unless they are exempt. GAIN is the Los Angeles County welfare-to-work program.

2. What is the difference between the Welfare-to-Work program and L.A. GAIN?

The Welfare-to-Work (WTW) program is statewide. In Los Angeles County, the WTW program is called L.A. GAIN.

3. What is the difference between GAIN and GROW?

The major difference is the population served. CalWORKs/GAIN serves children and their parents and caretakers, while GROW serves only adults. GROW participants have no children or are non-custodial parents. Both GAIN and GROW participants can receive mental health supportive services. GAIN is funded through federal and state funds, but GROW is funded solely through county funds. Service providers cannot identify GROW participants from existing clients. In contrast, providers can identify GAIN participants from their existing clients, and can provide services and then bill CalWORKs. Only DPSS can refer GROW clients to a provider.

4. Who must participate in the GAIN program?

Every adult CalWORKs recipient who is not exempt is required to participate in the GAIN program.

5. Who does not have to participate in GAIN?

Certain persons do not have to participate in Welfare-to-Work because of special individual and/or family circumstances. Persons are exempt from participation if they meet any of following circumstances:

- a. Under 16 years old or 60 years old or older.
- b. Sixteen (16) or 17 years old and attend school (not college) full-time, unless

- enrolled in school as part of the Welfare-to-Work Program.
- c. Physically or mentally unable to work or participate in a welfare-to-work activity on a regular basis for at least 30 calendar days.
- d. The nonparent relative caretaker of a child who is a dependent or ward of the court, or a child at risk of being placed in foster care.
- e. Staying at home to take care of individual(s) in the household who can't take care of themselves if that keeps the recipient from working or participating in a welfare-to-work activity on a regular basis.
- f. The parent or caretaker relative of a child six months or under (or, depending on a county, for a child 12 weeks old or under or for a child 12 months old or younger). This exemption may be applied only one time under the CalWORKs Program. A subsequent exemption for the birth of another child or adoption of another child six months old or younger will be granted for a period of 12 weeks (or, depending on the county, for a period up to six months). In addition, this exemption does not apply to individuals who are required to participate in the Cal-Learn Program.
- g. Pregnant, and the individual provides medical verification that she is unable to work or participate in a welfare-to-work activity on a regular basis for at least 30 calendar days.

6. What type of supportive services does GAIN offer?

Participants may need more than just training and job counseling to be successful in the Welfare-to-Work Program. The county helps arrange and/or pay for child care, transportation, work-related or training-related expenses, and certain personal counseling (including mental health, substance abuse, and domestic violence services) related to problems that affect the outcome of the individual's participation in welfare-to-work activities. These are in addition to mental health services, including individual, group, and medication support.

7. What are sanctions?

Sanctions are penalties imposed on adult participants for failure to comply with welfare-to-work requirements. States must reduce assistance to recipients who refuse to work and may eliminate aid and Medi-Cal for those who refuse to work.

8. What is the difference between an exemption and good cause waiver?

Exemptions are categories specified by federal and state law. Participants who fit the category, i.e., are categorically exempt, need show no further reason why they cannot participate in WTW activities. Good cause is a more flexible method for determining whether a participant should participate in WTW activities. There are certain situations that have been identified that constitute good cause. Also, a GAIN supervisor has discretion to determine what constitutes good cause for a waiver based on extenuating circumstances.

9. What is the difference between a CalWORKs office and a GAIN office?

CalWORKs and GAIN offices are DPSS offices. However, at CalWORKs offices the eligibility workers make the initial determination regarding eligibility for aid. The CalWORKs office houses one unit of GAIN. A participant gets services from CalWORKs, including any mandatory referral to the Welfare-to-Work (GAIN) program.

At the GAIN regional office, only welfare-to-work (employment) services are available, and no CalWORKs service workers are present.

B. TIME LIMITS

1. Are there any exceptions to the five-year lifetime limit?

The five-year (60 months) lifetime limit for TANF is required by federal law. At the end of 60 months, counties can give employment services to adults who agree to participate in community service. But adults who exhaust their 5-year lifetime limit under CalWORKs will not be eligible for General Assistance until all their children turn 18. There are exceptions for caretakers who are:

- (1) 60 years or older;
- (2) Caring for disabled family members;
- (3) Caring for someone else's child (e.g., foster parents) and have responsibilities that interfere with their ability to participate in work-related activities;
- (4) Not receiving aid themselves;
- (5) Suffering from an impairing disability;
- (6) Assessed to be incapable of participating despite a history of participation and cooperation in welfare-to-work activities.

These exceptions include up to 20% of the statewide caseload; counties can use their own money to exempt more.

2. How are children affected by their parent(s)' lifetime limit?

The time a person received aid as a child does not count against the 5-year lifetime limit when he or she becomes an adult. When a parent hits the 5-year limit, the county must continue to help the children in the family, but can give vouchers instead of cash aid.

3. Are there any benefits that can continue after a participant is employed?

If qualified, a participant can continue to receive Medi-Cal benefits, childcare, transportation, work related payments, and food stamps. The child benefits may continue even if the parent is employed. Post-employment supportive services may continue for up to a year as long as the participant volunteers for GAIN and has an open mental health supportive services component.

4. Are CalWORKs participants eligible for Medi-Cal?

Yes, everyone who is eligible for TANF is also eligible for Medi-Cal. However, mental health services are billed to CalWORKs, not to Medi-Cal.

5. Can a participant still receive Medi-Cal after becoming employed?

In certain circumstances a former CalWORKs participant can continue receiving Medi-Cal. There is a limited period of transitional Medi-Cal available to such persons, as they transition to a higher income or resource level.

C. MENTAL HEALTH SERVICES

1. Which assessment form should the clinic providers complete – the two-page or five-page assessment form?

If the intent of the clinic staff is to conduct an initial assessment and refer the participant to another agency for ongoing supportive services, then the two-page assessment can be completed. If the participant is to be seen at the agency itself, then the five-page assessment should be completed. Children and family agencies must use either the Adult two- or five-page assessment contingent on the situation above.

2. Does the clinician have to complete the entire six-page assessment?

The Adult Initial Assessment must be completed as the clinician would for any client, regardless if he or she is a CalWORKs participant. The assessments must be conducted by licensed or waived clinical staff.

3. If a mental health provider has assessed a client for services and finds out that the client is eligible for CalWORKs, must the client be re-assessed by the CalWORKs mental health assessor?

No, the client does not have to be re-assessed.

4. What is DPSS' policy regarding clients, who are already receiving mental health services, continuing with their current treatment plan, including a job related program? Will clients have to start participating in DPSS programs (work, school, training)?

CalWORKs participants can continue with their current treatment plan, but will have to participate in other DPSS/GAIN activities to the extent they are able, based on the mental health provider's treatment plan. (See Provider Directive Number 7.) Please note: If a CalWORKs participant is engaged in mental health treatment at a private provider that is not listed as a LACDMH CalWORKs provider, he/she has the option to remain with the private provider. However, his/her hours engaged in treatment will not be counted towards his/her required 32 hours of welfare-to-work activity.

5. What happens if a person has been referred for a mental health clinical assessment, but fails to show up for the scheduled appointment? How will this affect his/her CalWORKs eligibility? Is the CASC Service Advocate or provider required to advise DPSS of the no-show?

Yes, the CASC Service Advocate or provider must advise the GSW if the participant is a no-show. The initial mental health assessment is mandatory when the participant has been referred by the GSW to a CASC Service Advocate or provider. Mental health treatment is voluntary. There are consequences for a no-show at a mental health assessment for the participant, which are based on CalWORKs guidelines.

6. What if a client fails to show up for more than one service or treatment session? What should the provider do then?

It is good practice to maintain a dialogue with the GAIN Services Worker. You must advise the GSW of the failure to show for the service. The GSW will contact the participant and may need to revise the participant's WTW plan. If, after attempts to reach the participant by phone and/or by mail to reschedule, the client fails to re-engage in treatment the provider may send a termination notice (GN6007B) to the GSW and close the case.

7. What happens if the assessment determines that a participant needs mental health services, but the participant refuses to use the services?

The individual has the right to refuse mental health treatment, even if doing so may adversely affect his/her CalWORKs benefits.

8. What if the client can't go to work due to his/her mental health problems? Will the mental incapacity terminate his/her CalWORKs benefits?

Not necessarily. As long as the client continues mental health treatment, then the participation in treatment can be counted towards the required welfare-to-work hours.

9. Does a participant have to go to a specific service provider? Can the participant go to another service area if desired?

The participant has freedom of choice for his or her mental health services, and thus may request services wherever desired. The GSW may have to arrange for transportation to another provider if the participant so indicates.

10. If a participant is determined by the mental health case manager/assessor to be in need of vocational rehabilitation services, should the participant be referred to LACDMH Vocational Services, GAIN Vocational Services, or both?

The mental health case manager should discuss the participant's need or preference with the mental health vocational worker and the GAIN Services Worker.

11. Can a participant refuse group counseling?

This is a clinical issue, but treatment should be formulated on the participant/client's needs and what the program can offer.

12. Will outside mental health hours count as meeting mental health hours (e.g., a participant referred to a parenting class, AA/NA meetings)?

Yes. The participant's attendance at other referred services is counted.

13. Can a participant dictate the sex of the therapist or whether group or individual therapy is offered?

Again, this is a clinical issue. It is suggested that the provider explore the underlying issue for such a request, e.g., is this a control issue or does it stem from a history of domestic abuse?

14. What if a CalWORKs participant decides he/she no longer wants to go for mental health services?

Mental health services are not mandatory. There may be some sanctions as a result of terminating mental health services, or the participant may be required to engage in other activities to make up the required 32/35 hours of welfare-to-work activities.

15. Can we require treatment participation of significant others? Does it have to be optional? Can we pay for their treatment when the significant other is not a CalWORKs recipient?

We cannot require treatment of a significant other; it must be optional. Treatment can be paid for out of CalWORKs funds if it is a collateral service to the CalWORKs recipient or if the treatment is documented as needed in order to permit the CalWORKs recipient to comply with work-activity requirements. Treatment of family members is an allowable use of funds if the mental health or substance abuse problem interferes with ability to participate in the welfare-to-work program.

16. What constitutes termination of treatment for a CalWORKs participant?

Termination is the same as for all consumers of mental health care. However, DPSS/GAIN notification is required when treatment is terminated.

17. What types of groups services can be provided to CalWORKs participants?

The types of group services that mental health agencies have been providing thus far include anxiety management, managing depression, addressing employment issues, addressing cognitive behavioral issues, and developing adaptive coping skills.

18. Can an adult CalWORKs participant receive services at a Children's clinic?

Yes, as a separate adult case to treat a mental health barrier to employment.

19. Can a children's service provider see an adult parent on CalWORKs, even if the child is not receiving treatment?

Yes. For example, if a parent indicates problems with a child, such as parenting or issues that interfere with that individual's employment the provider can see the adult and bill CalWORKs.

20. Is there a clear demarcation between what services LACDMH will provide and what services LACDPH (formerly LACDHS) will provide?

Yes. LACDMH provides supportive services to CalWORKs participants whose primary service needs are mental health barriers to work. LACDPH provides supportive services to CalWORKs participants whose primary service needs are substance abuse (alcohol and drugs) barriers to work.

D. CONFIDENTIALITY

1. I am uneasy about sharing information about the results of mental health assessment. Must the assessment results and recommendations for mental health services be shared with the GAIN Services Worker? What is their level of understanding? What safeguards are there for confidentiality?

The client signs an Authorization for Request or Use/Disclosure of Protected Health Information, which assures confidentiality requirements are met. GAIN Services Workers receive ongoing training; however, mental health is the provider's responsibility, and the provider is the one who must do the actual treatment and clinical reports. The provider need not, and should not, provide detailed information about the clinical assessment results; the information shared with the GSW should be limited to attendance to mental health appointments and recommendations for hours of participation in MHS and additional GAIN activities.

2. If a client is receiving mental health services, and does not want DPSS to know he/she is receiving treatment, does the provider have to notify the GSW or DPSS?

No. However, if the client does not want DPSS to know about his/her mental health treatment, then CalWORKs cannot be billed for services. In order to bill Medi-Cal for treatment, the client must meet the criteria for medical necessity. The client must consent to his/her participation in the CalWORKs/GAIN from the mental health side. At some point, the client's DPSS worker will mandate their involvement in GAIN. (See Consent forms.)

3. If a CalWORKs participant discloses that he/she is a substance abuser and/or has a history of substance abuse, must the mental health provider report this information to the GSW? Does the provider need the client's permission to disclose this information? Should we try to get the client's permission?

No, substance abuse is not a mandatory reporting requirement, although once substance abuse is self-disclosed or discovered by another source (e.g., the GSW or employer), then there is a requirement of mandatory substance abuse assessment. The client's permission is required to disclose substance abuse to DPSS/GAIN. A mental health service provider may also refer a CalWORKs client to substance abuse treatment as part of his/her service plan.

E. BILLING

1. What aid code do you use to bill for services provided to children aided under the CalWORKs program – DPSS CalWORKs or Medi-Cal?

The “Aid Code” determines the client’s Medi-Cal aid type. A CalWORKs aided child with his/her own mental health need for treatment must be claimed to Medi-Cal. DPSS CalWORKs can only be billed for services to adults in the GAIN Welfare-to Work program with mental health barriers to employment. Collateral visits to the Adult case that may include children can be billed to DPSS CalWORKs.

2. Does the billing have to meet Short-Doyle requirements? If not, can we utilize the services of an unlicensed clinician to open cases?

CalWORKs reporting must adhere to Short-Doyle/Medi-Cal and DMH standards and guidelines. Unlicensed clinicians may open episodes but only for the services that they are qualified to provide, either directly or under clinical supervision.